

FILED FEB 27 1950

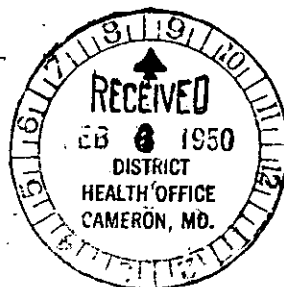
STANDARD CERTIFICATE OF DEATH

State File No. 3750

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4012</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY ATCHISON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ATCHISON			
b. CITY (If outside corporate limits, write RURAL and give township) OR ROCK PORT.				c. CITY (If outside corporate limits, write RURAL and give township) OR ROCK PORT.			
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE				d. STREET ADDRESS (If rural, give location) NONE			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) HIRAM c. (Last) BANNING				4. DATE OF DEATH (Month) (Day) (Year) 1 13 1950			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 3-6-1862	
9. AGE (In years last birthday) 87		10. MONTHS 10		11. DAYS 7		12. IF UNDER 1 YEAR Hours Min. 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED				10b. KIND OF BUSINESS OR INDUSTRY HARNESSEMAKER			
11. BIRTHPLACE (State or foreign country) ATWATER, ILLINOIS				12. CITIZEN OF WHAT COUNTRY? AM.			
13a. FATHER'S NAME MILTON BANNING				13b. MOTHER'S MAIDEN NAME UNKNOWN			
14. NAME OF HUSBAND OR WIFE X							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) NO (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE			
17. INFORMANT'S SIGNATURE OR NAME GEORGE SIMON.				ADDRESS ROCK PORT, MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATE I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility, arterio sclerosis. ANTECEDENT CAUSES DUE TO (b) Broncho pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 12 27		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/27 , 1949 , to 1/13 , 1950 , that I last saw the deceased alive on 1/13 , 1950 , and that death occurred at 8 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE G.A. Reutter (Degree or title) M.D.				23b. ADDRESS Rockport, Mo.		23c. DATE SIGNED 1/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 1-15-1950		24c. NAME OF CEMETERY OR CREMATORY HUMBOLT CEM		24d. LOCATION (City, town, or county) (State) HUMBOLT, NEBR.	
DATE REC'D BY LOCAL REG. 1-15-50		REGISTRAR'S SIGNATURE Betty Prater		25. FUNERAL DIRECTOR'S SIGNATURE BARTHOLOMEW MORTUARY, ROCK PORT. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Wm. B. Baskin

Signed.....
Student Embalmer

Licensed Embalmer No. *3173*

P. O. Address *Rock Point, Md.*

Note: -The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.